



**Montgomery County Department of Health and Human Services  
Licensure and Regulatory Services**

255 Rockville Pike, Suite 100; Rockville, Maryland 20850

Phone: 240-777-3986 Fax: 240-777-3088

[www.montgomerycountymd.gov/licensure](http://www.montgomerycountymd.gov/licensure)

**CERTIFIED SWIMMING POOL OPERATOR LICENSE APPLICATION**

New ☐ Renewal ☐ Replacement of Lost Card ☐

TODAY'S DATE: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
(include street number, suite number, street name, city, state, and zip code)

Date of Birth: \_\_\_\_\_ Home Telephone No. (with area code): \_\_\_\_\_  
(Proof of Age Required)

Fax No. (with area code): \_\_\_\_\_ Email: \_\_\_\_\_

Last 4 Numbers of Social Security Number: \_\_\_\_\_

**Licensing Renewal:** Exam Expiration Date: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_

I hereby certify that the above information is accurate and complete. In addition, I understand that providing false information may result in revocation of my Montgomery County Certified Swimming Pool Operator's License.

**Signature of Applicant:** \_\_\_\_\_

Printed Name of Above Signatory: \_\_\_\_\_

**Payment Method:** Cash is not accepted.

Make checks or money orders payable to "**Montgomery County, Maryland**".

☐ Check ☐ Money Order ☐ Visa ☐ Mastercard

Name or organization on card: \_\_\_\_\_

**Fee:** \$\_\_\_\_\_ **\$30.00** for the exam **\$30.00** for the card **for each year**, up to 3 years

**OFFICE USE ONLY**

**Exam:**

**Certified Pool Operator License**

Check/Money Order No: \_\_\_\_\_ Check/Money Order No: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Amount Paid: \$\_\_\_\_\_ Amount Paid: \$\_\_\_\_\_ Date Expires: \_\_\_\_\_

Receipt No: \_\_\_\_\_ Receipt No: \_\_\_\_\_ ID No: \_\_\_\_\_

Test Date(s): \_\_\_\_\_